

Teaching Our Youth

"Stronger Teams Meeting Students' Needs"



2012 Education by Design/ Behavioral Studies for Educators Registration Form

_____ (Print or Type Full Name) _____ (E-mail Address)

_____ (School, Company or Organization Name) _____ (Social Security No.- for SBCEU Credit)

_____ (Home Address)

_____ (Day Phone) _____ (Evening Phone) _____ (Cell Phone) _____ (Fax No.)

COURSE AND DESCRIPTION:

Course Title	Course Description
Education by Design (Rtl) 101 Day One	Discovery of Your Personality Style and Educational Insights for Rtl
Education by Design (Rtl) 102 Day Two	Educational Insights for Rtl (Response to Intervention) Tier 1 and 2
Education by Design (PBS) 103 Day Three	Educational Insights for Positive Behavior Support

Please Check the Dates That You Would Like to Attend...

ALL TRAINING HELD AT WEBER'S INN, ANN ARBOR, MICHIGAN

- July 25 - 26, 2012 "Education by Design" (Rtl) July 27, 2012 "Education by Design" (PBS)

"Education by Design" FULL DAYS OF TRAINING: TIME – 8:00 AM to 4:30 PM

<input type="checkbox"/> Education by Design - Facilitator Certification All Three Days 2.1 SBCEU's	\$649.00	<p>Schools are requested to provide a Purchase Order no later than 10 days prior to date of training.</p> <p>Individual Registration: \$50 Non-Refundable Deposit Per Person Is Requested at the time of Registration and the Balance is due 5 days prior to training</p>
<input type="checkbox"/> Education by Design – Professional Development All Three Days 2.1 SBCEU's	\$449.00	
<input type="checkbox"/> Education by Design Professional Development Day One and Two (Rtl) 1.4 SBCEU's	\$300.00	
<input type="checkbox"/> Education by Design – Professional Development Day Three (Positive Behavior Support) .7 SBCEU's	\$149.00	
<input type="checkbox"/> Refresher Training – All Three Days	\$189.00	
\$ _____		

***** Your Training Program includes Participating Materials, take-home Facilitator Resources and Breakfast each day. *****

I would like to pay: \$ _____ \$50 Deposit or Entire Amount of : \$ _____

My check in the amount of: \$ _____ is being mailed to: **8431 Jack Pine Court Ypsilanti, MI 48197**

Please Charge My: MASTERCARD VISA CREDIT CARD DEBT CARD

Account Number: _____ Exp. Date: _____

Name as it appears on card _____

Billing address of card: _____

School P.O. Number: _____